

19. Details of MBBS and Post Graduate Diploma Examination (attested copies of Certificates to be attached)

Examination Passed	Subject	Medical College	University	State	Month & Year	Result	No. of Attempts
1st MBBS							
2nd MBBS							
Final MBBS							
P.G Diploma							

20. Present Appointment / Job :

21. List of Enclosures

- Two extra recent passport size photographs duly attested.
- Self attested photocopy of Permanent Registration Certificate of Medical Council of India /State Medical Council.
- Self attested photocopy of MBBS Degree Certificate and P.G Diploma.
- Proof of PG diploma being recognized by MCI – IMR Certificate specifying additional qualification/ Additional qualification registration certificate issued by MCI/ printout of MCI website showing recognition status of PG Diploma.
- NBE Copy of Pay-in-Slip / Challan of Indian Bank / Axis Bank

DECLARATION & CERTIFICATION

I here by declare and certify that:

- I have read the general instructions and the rules and regulations of NBE in Bulletin of Information and shall abide by them.
- Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- The documents submitted as evidence of above facts and are self attested photocopy of original documents.
- I understand that in case any of the facts stated by me is/are found to be false or any of the documents enclosed by me is/are found to be false, I am liable to be disqualified from appearing in the Examination and if permission granted for appearing in the examination shall be liable to be revoked or any other appropriate action deemed fit by NBE can be taken against me.
- I understand that I am eligible as per instructions given in Bulletin of Information, however, NBE reserves the right to determine final eligibility;NBE further reserves the right to cancel the candidature if ineligibility found at any stage.
- Candidate's Name in Block Letters

Date: / /2012

Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTION / GAZETTED OFFICER

(to be issued only after checking the original documents)

I certify that to the best of my knowledge and belief the statements made above by Dr. _____

are correct.

Signature of the Head of Institution / Gazetted officer with Name and office stamp

Date: / /2012

(In case, Candidate is not working, the above column may be attested by a Gazetted officer)

NOTE : USE / POSSESSION OF MOBILE PHONE / ELECTRONIC DEVICE IS NOT PERMITTED IN EXAMINATION PREMISES. PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.

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